



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

EEOC PITTSBURGH AREA OFFICE

CHARGE OF DISCRIMINATION

2018 JUL -2 PM 12:50

For Official Use Only - Charge Number:

EEOC Form 5A (October 2017)

Personal Information	First Name: <u>TIFFANI</u> MI: <u>M</u> Last Name: <u>SHAFFER</u> Address: <u>142 PFEIFER RD</u> Apt.: _____ City: <u>HARMONY</u> County: <u>BUTLER</u> State: <u>PA</u> Zip Code: <u>110037</u> Phone: <u>[REDACTED]</u> <input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Cell Email: <u>[REDACTED]</u>
Who do you think discriminated against you?	Employer <input checked="" type="checkbox"/> Union <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other Organization <input type="checkbox"/> Organization Name: <u>CRANBERY TOWNSHIP</u> Address: <u>2525 ROCHESTER RD</u> Suite: _____ City: <u>CRANBERY TWP</u> State: <u>PA</u> Zip Code: <u>110000</u> Phone: <u>724 776 4806</u>
Why you think you were discriminated against?	Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input checked="" type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Genetic Information <input type="checkbox"/> Retaliation <input type="checkbox"/> Other <input type="checkbox"/> (specify) _____
What happened to you that you think was discriminatory?	Date of <u>most recent job action</u> you think was discriminatory: <u>6-11-18</u> Also describe briefly <u>each job action</u> you think was discriminatory and when it happened (estimate). I AM CURRENTLY PREGNANT AND SINCE MY DOCTOR HAS RECOMMENDED I BE ON MODIFIED DUTY. MY HOURS HAVE BEEN SEVERELY REDUCED. OUR DEPARTMENT DOES NOT HAVE A LIGHT DUTY POLICY REGARDING ON CROFF DU INJURIES. FULL TIME HOURS HAVE BEEN PROVIDED FOR BOTH ON AND OFF DUTY INJURIES IN THE PAST, TO MY KNOWLEDGE. I WAS TOLD I AM NOT GUARANTEED HOURS AND HAVE BEEN ON A WEEK BY WEEK SCHEDULING WITH HOURS RANGING FROM 3-UP HOURS.
Signature and Verification	I understand this charge will be filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address, phone, or email. I will cooperate fully with them in the processing of my charge in accordance with their procedures. I understand by signing below that I am filing a charge of employment discrimination with the EEOC. I understand that the EEOC is required by law to give a copy of the charge, which includes my allegations and my name, to the organization named above. I also understand that the EEOC can only investigate charges of job discrimination based on race, color, religion, sex, national origin, age, disability, genetic information, or based on retaliation for filing a charge of job discrimination, participating in an investigation of a job discrimination complaint, or opposing job discrimination. I declare under penalty of perjury that the above is true and correct. Signature: <u>[Signature]</u> Date: <u>7-2-18</u>

SHAFFER000001

EEOC (INQUIRY) NUMBER: 533-2018-01649

Inquiry Information

REASON(S) FOR CLAIM

Date of Incident (Approximate): 06/11/2018

Reason for Complaint: Sex (including pregnancy, sexual orientation and gender identity)

Pay Disparity: No

Location of Incident: Pennsylvania

Submission (initial inquiry) Date: 06/15/2018

Claim previously filed as charge with EEOC? No

Approximate Date of Filing: N/A

Charge Number: N/A

Claim previously filed as complaint with another Agency? No

Agency Name: N/A

Approximate Date of Filing: N/A

Nature of Complaint: N/A

INQUIRY OFFICE

Receiving: Pittsburgh Area Office

Accountable: Pittsburgh Area Office

APPOINTMENT

Appointment Date and time:

Interview Type:

APPROXIMATE DEADLINE FOR FILING A CHARGE: 04/07/2019

POTENTIAL CHARGING PARTY

First Name, Middle Initial: Tiffani, M

Last Name: Shaffer

Street or Mailing Address: 142 pfeifer road

Address Line 2:

SHAFFER000002

City, State, Zip: HARMONY, PA, 16037

Country: UNITED STATES OF AMERICA

Year of Birth:

Email Address:

Home Phone Number:

Cell Phone Number:

RESPONDENT

Organization Name: CRANBERRY TOWNSHIP POLICE DEPARTMENT

Type of Employer: State or Local Government that I applied to, work for, or worked for

Number of Employees:

Street or Mailing Address: 2525 rochester road

Address Line 2:

City, State, Zip Code: CRANBERRY TOWNSHIP,PA, 16066

County: Butler

Phone Number: (724) 776-4806

RESPONDENT CONTACT

First and Last Name: Stacy Goettler

Email Address:

Phone Number:

Title: Human Resources Director or Owner

LOCATION OF POTENTIAL CHARGING PARTY'S EMPLOYMENT

Street or Mailing Address:

Address Line 2:

City, State, Zip Code:

County:

POTENTIAL CHARGING PARTY'S DEMOGRAPHICS

Gender: F

Disabled: I do not have a disability

Are you Hispanic or Latino? not hispanic or latino

Ethnicity: White,

National Origin: American(U.S.)

Adverse Action(s)

I am a Police Officer employed with Cranberry Township. I am currently pregnant. I told my employer on 04/16/18 I was pregnant. At that time I was told by the employer they would work with me regarding scheduling and working hours. At that time, they stated they would be basing it upon my doctors recommendations. The Township does not currently have any light duty or pregnancy policy in place. Full time hours for both on and off duty injuries have been provided in the past. On 06/08/18 my doctor provided a letter to my employer stating it was in her medical opinion to be on office duty. I went in on 06/11/18 I was asked to provide a more detailed description of what duties relating to my position would need to be modified. The doctor provided that letter. My employer has since reduced my hours. On 06/15/18 the Chief has not guaranteed me any hours other than 12 the week of 6/18/18, which forces me to take the remainder of my 84 hour schedule on my personal accrued time.

Supplemental Information

What Reason(s) were you given for the action taken against you?

N/A

Was anyone in a similar situation treated the same, better, or worse than you?

N/A

Please provide name(s) and email and/or phone number of anyone who will support your claim, and briefly describe the information this person will provide.

N/A

Please tell us any other information about your experience?

N/A